

BOARD OF HEALTH  
TOWN OF STOW

WELL PERMIT APPLICATION

No. \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Construction \_\_\_\_\_ Repair \_\_\_\_\_ Abandon/Destruction \_\_\_\_\_

Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Property owner, if different from applicant: \_\_\_\_\_

Map, Parcel, and Lot # of property: \_\_\_\_\_

Well Driller: \_\_\_\_\_ License #: \_\_\_\_\_ (Copy attached)

Well Drilling Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Pump Installer: \_\_\_\_\_

Address: \_\_\_\_\_

New Building \_\_\_\_\_ Existing Building \_\_\_\_\_

Residential \_\_\_\_\_ Other \_\_\_\_\_ If residential, # of Bedrooms \_\_\_\_\_

Design Engineer or Registered Sanitarian:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

License or PE # \_\_\_\_\_ (See copy attached) Phone: \_\_\_\_\_

WELL CONSTRUCTION / DESTRUCTION PERMIT

The Stow Board of Health hereby grants \_\_\_\_\_ denies \_\_\_\_\_ permission for construction \_\_\_\_\_ destruction \_\_\_\_\_  
of a well at the following location: \_\_\_\_\_ Map & Parcel # \_\_\_\_\_

Address: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(One year from date of issue)

Restrictions/Extensions/Requirements:

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

**CERTIFICATE OF CONSTRUCTION/DESTRUCTION, WATER QUALITY &  
QUANTITY COMPLIANCE REPORT**

This is to certify that \_\_\_\_\_,  
(Well drilling company)  
license # \_\_\_\_\_, has sited and constructed \_\_\_\_\_ destroyed \_\_\_\_\_ a well for  
\_\_\_\_\_  
(Applicant)  
well permit # \_\_\_\_\_, on \_\_\_\_\_ (Date)  
at the location identified on a signed plan drawn by \_\_\_\_\_.

**Construction standards** have been met as set forth in 313 CMR 3.00 Massachusetts Division of Water Resources, Well Drillers Registration and The Town of Stow Private Well Regulations, and includes the Department of Environmental Protection's Private Well Guidelines where they pertain to construction.

**Destruction standards** have been met as set forth in the Town of Stow Private Well Regulations and includes the Department of Environmental Protection's Private Well Guidelines where they apply to destruction.

**Water Quality and Quantity standards** have been met after pumping the well as outlined in this Regulation.

A copy of the well driller's log is attached. Well yield: \_\_\_\_\_

Well driller's name \_\_\_\_\_  
(Print please) (Signature) (Date)

Name of Testing Laboratory \_\_\_\_\_  
State certification # \_\_\_\_\_  
Date of Testing \_\_\_\_\_

**Attached copy of analytical testing results.** Yes \_\_\_\_\_ No \_\_\_\_\_  
If no copy of testing results please explain.

Board of Health comments:

\_\_\_\_\_  
Signed-Agent or Board member

\_\_\_\_\_  
Date

**PRIVATE WELL CERTIFICATE**

No. \_\_\_\_\_

The Stow Board of Health issues this private well certificate for construction \_\_\_\_\_ repair \_\_\_\_\_.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Address)

on \_\_\_\_\_ as evidence of compliance with the requirements of the Stow  
(date)  
Board of Health Private Well Regulation (enacted on 12/06/95) and MGL Chapter 40, Section  
54.

**A building permit cannot be issued until this certificate is signed by the Board  
of Health or its Agent.**

Certificate of Construction, Water Quality and Quantity Compliance Report  
submitted: \_\_\_\_\_

Date

Water Quality analysis report submitted: \_\_\_\_\_  
Date

The private water supply identified above has been:

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Disapproved**

**Comments / Findings of the Stow Board of Health:**

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. The Stow Board of Health assumes no liability as to water quality or quantity in the constructed well.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Agent or Board of Health member)